

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068811

1. Entity Name

FAMILY FOCUS INFUSION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90214 027 \*\*\*150.00

Principal Place of Business 1420 FLAGLER AVENUE JACKSONVILLE FL 32207	Mailing Address 1420 FLAGLER AVENUE JACKSONVILLE FL 32207-8517
---	--

2. Principal Place of Business 1539 PARENTAL HOME RD Suite, Apt. #, etc. SUITE # 5 City & State JACKSONVILLE, FL Zip 32216 Country	3. Mailing Address SALE Suite, Apt. #, etc. AS LEFT City & State AS LEFT Zip Country
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3332965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARNELL, KAREN F 1420 FLAGLER AVENUE JACKSONVILLE FL 32207	
7. Name and Address of New Registered Agent Name TAHILIANI, ARUN G. Street Address (P.O. Box Number is Not Acceptable) 1539 PARENTAL HOME RD. SUITE # 5 City JACKSONVILLE FL Zip Code 32216	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE 1-10-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DARNELL, KAREN F STREET ADDRESS 1420 FLAGLER AVENUE CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DEHATE, CAROL W STREET ADDRESS 1420 FLAGLER AVENUE CITY-ST-ZIP JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TAHILIANI, ARUN STREET ADDRESS 1420 FLAGLER AVENUE CITY-ST-ZIP JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE PRESIDENT/DIRECTOR NAME TAHILIANI, ARUN G. STREET ADDRESS 1539 PARENTAL HOME RD #5 CITY-ST-ZIP JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1-10-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)